

FILED AUG 9 1943
267

Registration District No.

Primary Registration District No. 3049

Registrar's No. 36

1. PLACE OF DEATH:

(a) County Remiscot
(b) City or town Nayti
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
North Fourth Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether)
In this community 31 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Remiscot
(c) City or town Nayti
(If outside city or town limits, write "RURAL")
(d) Street No. North Fourth Street (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME THOMAS C. MAYFIELD.

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Hettie L. Mayfield 6. (c) Age of husband or wife if alive Widowed years
7. Birth date of deceased March 3 1867
(Month) (Day) (Year)

8. AGE: Years 75 Months 4 Days 2 If less than one day hr. 4 min.

9. Birthplace Lewisport Ky - 1
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business Same

12. Name James Mayfield
13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Hollingworth
15. Birthplace Lewisport Ky 1
(City, town, or county) (State or foreign country)

16. (a) Informant Ethel M. Brown
(b) Address Detroit Mich
17. (a) Burial (b) Date thereof 7-6-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Louis, Mo.

18. (a) Signature of funeral director J. L. G. Forge
(b) Address Cumtinsville, Mo.
19. (a) July 12-43 (b) George H. Thierhard
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5
year 1943 hour 2 minute 0 P.M.

21. I hereby certify that I attended the deceased from 5-21-1943 to 5-21-1943
that I last saw him alive on 5-21 1943
and that death occurred on the date and hour stated above.

Immediate cause of death nephritis - 2-3 yrs
Chronic Parenchymatous

Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations 131 f

Of autopsy _____
22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature Fred L. Ogilvie M. D. or other _____
Address Cumtinsville, Mo. Date signed 7/14/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

7-43-257.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed J. L. La Forge

Licensed Embalmer No. 3082

P. O. Address. Cynthiana, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.